BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Requirements of Metam Based Foaming Sewer Root Control Quote No. 4350		Multiple Year Contract - 4 years

DETAILS

POSITIONS/RECOMMENDATIONS

DETAILS		POSITIONS/RECOMMENDATIONS
Resolution to provide Annual Requirements of Metam Based Foaming Sewer Root Control, Quote 4350 for four (4) years beginning at the execution of the contract. This service will be used by Waste Water for purchasing of Metam Based Foaming Sewer Root Control as needed. The estimated cost is $11,000.00/year for a total of $44,000.00 for the four (4) year period.	Sponsor	Purchasing
	Program Departments, or Groups Affected	Waste Water
	Applicants/ Proponents	Applicant: Purchasing City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	☒ For ☐ Against Reason Against
	Board or Commission Recommend.	BY ☐ For ☐ Against ☐ No Action Taken ☐ For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	☐ Pass ☐ Pass (As Amended) ☐ Council Sub. ☐ Without Recommendation ☐ Hold ☐ Do not Pass

DETAILS	POLICY/PROGRAM IMPACT	
Resolution to provide Annual Requirements of Metam Based Foaming Sewer Root Control, Quote 4350 for four (4) years beginning at the execution of the contract. This service will be used by Waste Water for purchasing of Metam Based Foaming Sewer Root Control as needed. The estimated cost is $11,000.00/year for a total of $44,000.00 for the four (4) year period.	**POLICY OR PROGRAM CHANGE**	X NO ❑ YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: $ COST of this Ordinance/ Resolution $
		RELATED annual operating Costs $
		INCREASE REVENUE EXPECTED/YEAR $
	SOURCE OF FUNDS *Wastewater Fund*	CITY [Approximately] _____ $_____ %____ _____ $_____ %____ _____ $_____ %____ NON CITY [Approximately] _____ $_____ %____ _____ $_____ %____ _____ $_____ %____
	BENEFIT COST ❑ Front Foot ❑ Square Foot	Average Assessment $_____ $_____

APPLICABLE DATES:

FACT SHEET PREPARED BY: Shelly Hinze - kw

REVIEW BY: *SH.*

REFERENCE NUMBER